

IN THE SUPERIOR COURT OF COBB COUNTY

STATE OF GEORGIA

In re the Name Change of:

Child(ren): _____

Civil Action File No: _____

Petitioner: _____
and
Respondent: _____

CONSENT FORM

The undersigned [1] _____ and [2] _____
are the (check one)[3][] parents [] guardians of the following minor child(ren): [4]

_____.
They have been advised that [5] _____ is filing a Petition in the
Superior Court of Cobb County, Georgia, seeking to change the name(s) of the following
child(ren) as follows: [6]

Current name(s) of minor child(ren)	New name(s) of minor child(ren)
_____	to _____
_____	to _____
_____	to _____
_____	to _____

The undersigned hereby state that they have not abandoned said child(ren), nor have they
failed for a continuous period of five years or more to support the child(ren). The
undersigned have been advised of the reasons for said name changes and the undersigned
hereby consents to the filing of said Petition and to the aforesaid change of names.

[7] _____ [8] _____
____ Father ____ Mother ____ Guardian of ____ Father ____ Mother ____ Guardian of

Address: _____ Address: _____

VERIFICATION

Georgia, Cobb County

The undersigned does hereby state under oath that the facts contained within the attached Consent are true and correct and that said Consent was voluntarily given without coercion of any kind.

____ Father ____ Mother ____ Guardian

(Sign in front of the Notary)

Sworn to and subscribed before me

this _____ day of _____, _____

____ Father ____ Mother ____ Guardian

(Sign in front of the Notary)

Sworn to and subscribed before me

this _____ day of _____, _____

Notary Public

Notary Public

If you require materials in alternate format, please notify the Law Library as soon as possible.

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Cobb County Superior Court